

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

MASS SEPARATION.....TOTAL UNEMPLOYMENT

1.) Employer: _____ 2.) Worker: _____

Address: _____ Social Security #: _____

Account #: _____ Date of Birth: _____

Level of Education: _____ Main Occupation: _____

3.) This is to certify the worker named above was separated on _____ due to lack of work. (Date)

4.) This worker earned wages in the amount of \$ _____ during the week of separation.

5.) Did you pay this worker as much as \$2,500? (If "NO," please enter the amount.): \$ _____

Dates of most recent continuous term of employment...From: _____ To: _____

6.) Are you paying, or **will you pay**, this worker a pension or retirement pay within the next twelve months?

☐ YES ☐ NO.....If "YES," what amount are you paying, or **will you pay** per month, and what is the effective date of the pension? _____

a. Please indicate type of retirement: _____

b. Did worker contribute to a pension plan? ☐ YES ☐ NO

c. If "YES," what percent was contributed by the employer? _____

7.) Employer's Signature: _____ Date: _____

(Please Tear Here)

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION CALL-IN APPOINTMENT NOTICE

Please provide the worker's name, address, social security number and telephone number in the spaces below. This information will be used to schedule the worker to report to the Unemployment Insurance Office to file a claim.

Social Security Number: _____

Telephone Number: _____

Worker: _____

Address: _____

DO NOT WRITE IN THIS BOX

Information was received indicating you were separated from employment due to lack of work. In order to file a claim for unemployment insurance benefits, **PLEASE REPORT IN PERSON WITH THIS NOTICE ON THE DATE SCHEDULED BELOW.**

MONTH	DAY	YEAR	TIME

REPORT TO THE UNEMPLOYMENT INSURANCE OFFICE SHOWN BELOW:

FAILURE TO REPORT AS INSTRUCTED WILL DELAY BENEFITS